

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/17/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G622		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/22/2013	
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT				STREET ADDRESS, CITY, STATE, ZIP CODE 7520 KILMER LN INDIANAPOLIS, IN 46256			
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: March 19, 20, 21 and 22, 2013.</p> <p>Facility number: 001159 Provider number: 15G622 AIMS number: 100245690</p> <p>Surveyor: Kathy J. Wanner, Medical Surveyor III.</p> <p>These federal deficiencies reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed March 26, 2013 by Dotty Walton, Medical Surveyor III.</p>			W000000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W000209	<p>483.440(c)(2) INDIVIDUAL PROGRAM PLAN Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate.</p> <p>Based on record review and interview, the facility failed to ensure participation by the client and her parent/legal guardian in the developmental process of her Individual Support Program (ISP)/Behavior Support Program (BSP) for 1 of 3 sampled clients (client #3); and for 1 of 3 sampled clients (client #2) the facility failed to ensure participation by his sister/Healthcare Representative (HCR) in the developmental process of client #2's ISP/BSP.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 3/21/13 at 2:20 P.M. Client #3's record indicated she had an Individual Support Program (ISP) and a Behavior Support Program (BSP) both dated 10/21/12. Client #3's ISP/BSP were not signed by client #3 or her guardian/mother. There was no evidence client #3 and/or her guardian had been involved in the ISP/BSP process or evidence indicating the client's and guardian's participation would have been unobtainable or inappropriate.</p>			W000209	<p>CORRECTION: <i>Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate. Specifically, The QDDPD will assure that both of Client #3's guardian and Client #2's healthcare sister/healthcare representative receive written invitations to attend all interdisciplinary meetings and that they receive the opportunity for input toward the ongoing development and modification of their Individual Support Plans and Behavior Support Plans, when they are unable to attend in person.</i></p> <p>PREVENTION: New professional staff are in place at the facility and will be trained regarding the need to assure complete interdisciplinary team involvement, including co-guardians and clients, in decision making. Members of the Operations and Quality Assurance Teams will review interdisciplinary team notes as meetings occur to assure guardian representation occurs. Additionally, the governing body is assisting the facility with the</p>		04/21/2013

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	<p>Client #2's record was reviewed on 3/21/13 at 1:50 P.M. Client #2's record indicated he had an ISP and BSP both dated 10/5/12. Client #2's ISP/BSP were not signed by his HCR/sister. There was no evidence client #2's HCR had been involved in the ISP/BSP process, or evidence indicating the HCR's participation would have been unobtainable or inappropriate</p> <p>An interview was conducted with the Qualified Developmental Disabilities Professional Designee (QDDPD) on 3/21/13 at 4:40 P.M. When asked about client/guardian/HCR participation in the ISP/BSP process the QDDP stated, "I was unable to locate them."</p> <p>An interview was conducted with the Program Manager (PM) on 3/21/13 at 4:36 P.M. When asked about client/guardian/HCR participation in the ISP/BSP process the PM stated, "They (staff) are not available to locate them at this time."</p> <p>9-3-4(a)</p>				<p>development of a standardized approach to ensuring guardian and client involvement in the IDT process.</p> <p>RESPONSIBLE PARTIES: Clinical Supervisor, Residential Manager, Quality Assurance Team, Operations Team</p>		

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W000262	<p>483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>Based on record review and interview, the facility failed to ensure the Human Rights Committee reviewed, approved and monitored the restrictive Behavior Support Programs for 3 of 3 sampled clients (client #1, #2 and #3) prior to implementation of the programs.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 3/21/13 at 1:01 P.M. Client #1's record indicated he had a Behavior Support Program (BSP) dated 5/31/12. Client #1's BSP incorporated the use of restrictive interventions including the use of psychotropic medications for behavior management; Luvox (anti-depressant), Risperdal (anti-psychotic), Cogentin (side effects) and Remeron (anti-depressant). One-on-one supervision, gentle touch (physical prompting) to turn him away from items (food), use of door alarms to address elopement, and wearing mittens with Velcro fasteners during sleep or times of skin picking. Client #1's record did not indicate his BSP had been</p>			W000262	<p>CORRECTION: <i>The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. Specifically, Client #1 client #2 and Client #3's restrictive programs will be reviewed and approved consensually by the Human Rights Committee.</i></p> <p>PREVENTION: New professional staff are in place at the facility and will be trained regarding the need to assure that the Human Rights Committee engages in a dialog to reach decisions regarding restrictive programs. The agency has established a quarterly system of internal audits that review all facility systems including, but not limited to, due process and prior written informed consent. Administrative staff will conduct visits to the facility as needed but no less than monthly. RESPONSIBLE PARTIES: Clinical Supervisor, Residential Manager, Quality Assurance Team, Operations Team</p>		04/21/2013

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	<p>reviewed, approved or monitored by the Human Rights Committee (HRC) prior to the program's implementation date of 5/31/12.</p> <p>Client #2's record was reviewed on 3/21/13 at 1:50 P.M. Client #2's record indicated he had a BSP dated 10/5/12. Client #2's BSP incorporated the use of restrictive interventions including the use of psychotropic medications for behavior management; Zyprexa (anti-psychotic). Restitution for items client #2 breaks/destroys, and blocking (physical prompting) physically aggressive behavior. Client #2's record did not indicate his BSP had been reviewed, approved or monitored by the HRC prior to the program's implementation date of 10/5/12.</p> <p>Client #3's record was reviewed on 3/21/13 at 2:20 P.M. Client #3's record indicated she had a BSP dated 10/21/12. Client #3's BSP incorporated the use of restrictive interventions including the use of psychotropic medications for behavior management; Seroquel (anti-psychotic), Xanax (anti-anxiety) and Tofranil (anti-depressant). Client #3's record did not indicate her BSP had been reviewed, approved or monitored by the HRC prior to the program's implementation date of 10/21/12.</p>						

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	<p>An interview was conducted with the facility's Quality Assurance Manager (QAM) on 3/21/13 at 4:30 P.M. The QAM stated, "The (HRC) signatures should have been there, we can look in the minutes, but I doubt we will find them." The QAM stated, "One of the functions of the HRC is to assure the plans have been approved by the guardians." The QAM indicated the HRC is to review, approve, and monitor all restrictive programs.</p> <p>9-3-4(a)</p>						